

**Express Mail Label No. EL 923 479 522 US**

<b>INFORMATION DISCLOSURE STATEMENT</b>  Address to: Commissioner for Patents Washington, D.C. 20231	Attorney Docket	VOSS001
	First Named Inventor	Rowe
	Application Number	09/700,696
	Confirmation No.	Unassigned
	Filing Date	November 17, 2000
	Group Art Unit	Unassigned
	Examiner Name	Unassigned
	Title	<i>A Novel Polypeptide Hormone Phosphatonin.</i>

Sir:

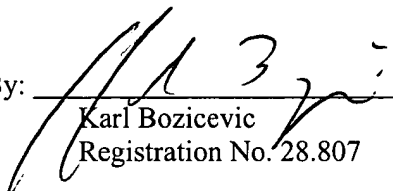
This is an Information Disclosure Statement submitted for the Examiner's consideration. A Form PTO-1449 listing the references and copies of the cited references accompany this paper. Applicants would appreciate the Examiner's initialing and returning the form to indicate that the references have been reviewed and made of record.

This Information Disclosure Statement is not intended as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that any one of the above references constitutes prior art to the present application within the meaning of 35 U.S.C. §102.

As applicants have not yet received a first Action on the merits, no fee is believed to be required for filing this Disclosure Statement. If, however, the PTO finds that for some reason a fee is due, our Deposit Account No. 50-0815 may be charged therefor.

Respectfully submitted,  
BOZICEVIC, FIELD & FRANCIS LLP

Date: July 30, 2001

By:   
Karl Bozicevic  
Registration No. 28.807

BOZICEVIC, FIELD & FRANCIS LLP  
200 Middlefield Road, Suite 200  
Menlo Park, CA 94025  
Telephone: (650) 327-3400  
Facsimile: (650) 327-3231  
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## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Name (Print/Type)

Signature

Date

### Combined Transmittal and Fee Calculation Sheet

☐ Small Entity☐ Large Entity

Application Number	09/700,696
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Attorney Docket No.	VOSS001

## ENCLOSED:

☐ Amendment Under Rule☐ 37 CFR §☐ Pages

Claims

No. of claims as  
filed or after  
amendmentMost claims  
previously  
paid for

# Extra Claims

Rate

Totals

Total

Independent

Multiple

Total Extra Claim Fees

\$ -

\$ -

\$ -

☐ Extension of time from \_\_\_\_\_ to \_\_\_\_\_

Fee

☐ Response to File Missing Parts (with copy of formalities letter)☐ Filing Fee

Fee

☐ Executed Declaration

Pages

Surcharge Fee

☐ Other

Fee

Fee

Fee

Fee

Subtotal \$ -

☒ Information Disclosure Statement☒ PTO Form 1449

Pages

1

☒ 15 Copies of Cited References☐ Other

Fee


Subtotal \$ -

☐ Response to Notice to Comply (with copy of Notice to Comply)☐ Sequence Listing Certification☐ Paper Copy of Sequence Listing

Pages

☐ Diskette in computer-readable format☐ Other

Fee

<input type="checkbox"/> Terminal Disclaimer		Fee	
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group			
<input type="checkbox"/> Notice of Appeal	Pages		Fee
<input type="checkbox"/> Appeal Brief in Triplicate	Pages		Fee
<input type="checkbox"/> Reply Brief	Pages		Fee \$ -
			Subtotal \$ -
<input type="checkbox"/> Other Enclosures and/or Fees		Fee	
<input type="checkbox"/> Change of Correspondence Address			
<input checked="" type="checkbox"/> Return Receipt Postcard		<b>TOTAL FEES \$ -</b>	
<p><b>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</b></p>			
<p><b>SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED</b></p>			
Name (Print/Type)	Karl Bozicevic	Registration No.	28,807
Signature		Date	July 30, 2001
Firm Name	Bozicevic, Field & Francis LLP	Address	200 Middlefield Road, Suite 200
City	Menlo Park	State	California
		zip	94025
Telephone - Direct Dial	650-327-3400	Facsimile	650-327-3231

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